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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/260,199 03/01/1999 PAT 6,206,898  
 which is a CIP of 09/058,513 04/10/1998 PAT 6,001,112

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 9
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TITLE  
 Rotational atherectomy device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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